

## Appendix E: Participant Direction of Services

**Applicability** (from Application Section 3, Components of the Waiver Request):

<input checked="" type="radio"/>	<b>Yes. This waiver provides participant direction opportunities.</b> Complete the remainder of the Appendix.
<input type="radio"/>	<b>No. This waiver does not provide participant direction opportunities.</b> Do not complete the remainder of the Appendix.

*CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.*

**Indicate whether Independence Plus designation is requested** (select one):

<input type="radio"/>	<b>Yes. The State requests that this waiver be considered for Independence Plus designation.</b>
<input checked="" type="radio"/>	<b>No. Independence Plus designation is not requested.</b>

### Appendix E-1: Overview

- a. Description of Participant Direction.** In no more than two pages, provide an overview of the opportunities for participant direction in the waiver, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the waiver's approach to participant direction.

- (a) Individuals and families will have Employer and Budget Authorities. Utilizing the Agency with Choice Model, individuals and families can function as the co-employer. Under the Agency with Choice model, a DDA certified Organized Health Care Delivery System (OHCDS) provider is the primary employer of workers who provide service to the participant for human resource, payroll and insurance requirements. The program participant or representative serves as the "managing employer" of workers and in that role refers workers to the Agency with Choice FMS for hire, participates in training and setting terms and conditions of work, supervises worker activities and discharges the worker from the work site, which is usually the participant's home. The agency may provide supportive services to workers or participants.

Individuals and families opportunities include but are not limited to:

1. Identifying goals to support a trajectory for a good life in consideration of the Life Course;
2. Choosing and scheduling workers, and have another entity to train, manage and discharge workers;
3. Identifying needed supports and services to support their person-centered plan (PCP);
4. Controlling a budget of up to \$12,000 annually for the purchase of services and supports as specified in their PCP; and
5. Utilizing an Agency with Choice FMS as a co-employer.

- (b) Individuals and families will receive information about opportunities for self-direction. If the individual chooses to self-direct their services, he/she, with support from his/her Coordinator of Community Services, develop a PCP.

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- (c) Individuals and families self-directing their services are given assistance from their Coordinator of Community Services (Case Manager) and Agency with Choice FMS.

The Coordinators of Community Services will provide supports including but not limited to:

1. Share information to:
  - a. Support informed decisions about what service design and delivery (self-direction versus tradition provider management) will work best for individuals and families, consistent with their needs, and in alignment with goals;
  - b. Explain roles and responsibilities and how to function as the co-employer;
2. Assist with the development of a person-centered plan, budget considerations, and identification of Agency with Choice FMS providers; and
3. Monitor that services are being delivered.

The OHCDs, as a co-employer, supports include but are not limited to:

1. Assistance with employer related functions:
  - a. Hiring or contracting for services;
  - b. Conducting background checks;
  - c. Managing and directing the disbursement of funds contained in the participant-directed budget to pay for goods and services; and
  - d. Conducting payroll and tax services as applicable.

- b. **Participant Direction Opportunities.** Specify the participant direction opportunities that are available in the waiver. *Select one:*

<input type="radio"/>	<b>Participant – Employer Authority.</b> As specified in <i>Appendix E-2, Item a</i> , the participant (or the participant's representative) has decision-making authority over workers who provide waiver services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.
<input type="radio"/>	<b>Participant – Budget Authority.</b> As specified in <i>Appendix E-2, Item b</i> , the participant (or the participant's representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.
<input checked="" type="radio"/>	<b>Both Authorities.</b> The waiver provides for both participant direction opportunities as specified in <i>Appendix E-2</i> . Supports and protections are available for participants who exercise these authorities.

- c. **Availability of Participant Direction by Type of Living Arrangement.** *Check each that applies:*

<input checked="" type="checkbox"/>	<b>Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.</b>
<input type="checkbox"/>	<b>Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.</b>
<input type="checkbox"/>	<b>The participant direction opportunities are available to persons in the following other living arrangements</b> <i>Specify these living arrangements:</i>

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- d. Election of Participant Direction.** Election of participant direction is subject to the following policy (*select one*):

<input type="radio"/>	<b>Waiver is designed to support only individuals who want to direct their services.</b>
<input checked="" type="radio"/>	<b>The waiver is designed to afford every participant (or the participant's representative) the opportunity to elect to direct waiver services. Alternate service delivery methods are available for participants who decide not to direct their services.</b>
<input type="radio"/>	<b>The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.</b> <i>Specify the criteria</i>

- e. Information Furnished to Participant.** Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

(a) Information on the availability, benefits, responsibilities, and liabilities associated with self-direction will be available through the individual's Coordinator of Community Services, DDA Regional Office, and other informational strategies such as webinars, workshops, and at conferences.

(b) Coordinators of Community Services and the DDA are responsible for furnishing information about self-direction.

(c) The Coordinator of Community Services provides information to individuals, family members, and other identified representatives regarding service delivery options (i.e. traditional or self-directed) during initial meetings, person-centered planning, upon request. Information regarding the availability of self-direction for individual's new to DDA services is given on a timely basis to afford the opportunity to weigh the pros and cons of a self-direction vs. tradition provider managed service delivery system.

- f. Participant Direction by a Representative.** Specify the State's policy concerning the direction of waiver services by a representative (*select one*):

<input type="radio"/>	<b>The State does not provide for the direction of waiver services by a representative.</b>
<input checked="" type="radio"/>	<b>The State provides for the direction of waiver services by representatives.</b> Specify the representatives who may direct waiver services: ( <i>check each that applies</i> ):
<input checked="" type="checkbox"/>	<b>Waiver services may be directed by a legal representative of the participant.</b>
<input type="checkbox"/>	<b>Waiver services may be directed by a non-legal representative freely chosen by an adult participant.</b> Specify the policies that apply regarding the direction of waiver services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:

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- g. Participant-Directed Services.** Specify the participant direction opportunity (or opportunities) available for each waiver service that is specified as participant-directed in Appendix C-1/C-3. *(Check the opportunity or opportunities available for each service):*

<b>Participant-Directed Waiver Service</b>	<b>Employer Authority</b>	<b>Budget Authority</b>
Assistive Technology and Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Environmental Assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Environmental Modifications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family and Peer Mentoring Supports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Individual and Family Directed Goods and Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Participant Education, Training, and Advocacy Supports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Supports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Respite	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vehicle Modifications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- h. Financial Management Services.** Except in certain circumstances, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the waiver participant. *Select one:*

<input checked="" type="radio"/>	<b>Yes. Financial Management Services are furnished through a third party entity.</b> <i>(Complete item E-1-i).</i> Specify whether governmental and/or private entities furnish these services. <i>Check each that applies:</i>
<input type="checkbox"/>	<b>Governmental entities</b>
<input checked="" type="checkbox"/>	<b>Private entities</b>
<input type="radio"/>	<b>No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used.</b> <i>Do not complete Item E-1-i.</i>

- i. Provision of Financial Management Services.** Financial management services (FMS) may be furnished as a waiver service or as an administrative activity. *Select one:*

<input type="radio"/>	FMS are covered as the waiver service specified in Appendix C-1/C-3 <b>The waiver service entitled:</b>
<input checked="" type="radio"/>	<b>FMS are provided as an administrative activity.</b> <b><i>Provide the following information</i></b>
<b>i.</b>	<b>Types of Entities:</b> Specify the types of entities that furnish FMS and the method of procuring these services: DDA certified Organized Health Care Delivery Systems (OHCDS), as per regulations, will provide fiscal management services, in the role of co-employer. As an OHCDS, they may subcontract with Medicaid and qualified non-Medicaid providers to allow participants to receive services approved in their PCP in the manner which best suits their needs and results in the more complete fulfillment of their plan. Interested agencies submit an application to the DDA for consideration.

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	The Agency with Choice FMS will verify provider qualifications, will execute and hold provider agreements and will keep detailed records available for the DDA and participant inspection. The DDA will delegate the holding of provider agreements and the making of provider payments to the Agency with Choice FMS. The Agency with Choice FMS will not infringe upon a participant's right to choose freely among qualified providers. Additionally, the DDA's utilization of OHCDS as a tool will not impact a provider's ability to contract directly with Medicaid should they so choose. An FMS may provide no other service to a waiver participant who self-directs services.																		
ii.	<b>Payment for FMS.</b> Specify how FMS entities are compensated for the administrative activities that they perform: Agency with Choice FMS administrative fees will be up to \$1,800 per person.																		
iii.	<b>Scope of FMS.</b> Specify the scope of the supports that FMS entities provide ( <i>check each that applies</i> ): Supports furnished when the participant is the employer of direct support workers: <table border="1"> <tr> <td><input checked="" type="checkbox"/></td><td><b>Assists participant in verifying support worker citizenship status</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><b>Collects and processes timesheets of support workers</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><b>Processes payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td> <b>Other</b>  <i>Specify:</i>            Employer and Budget Authorities tasks including but not limited to:           <ol style="list-style-type: none"> <li>1. Assisting with verifying provider qualifications including certifications, trainings and licensing requirements;</li> <li>2. Managing and directing the disbursement of funds contained in the participant-directed budget;</li> <li>3. Conducting background checks;</li> <li>4. Acting as a neutral bank, receiving and disbursing public funds, tracking and reporting on the participant's budget funds (received, disbursed and any balances);</li> <li>5. Processing and paying invoices for goods and services approved in the service plan; and</li> <li>6. Preparing and distributing reports (e.g., budget status and expenditure reports) to participants, the DDA, and other entities as requested.</li> </ol> </td></tr> </table> Supports furnished when the participant exercises budget authority: <table border="1"> <tr> <td><input checked="" type="checkbox"/></td><td><b>Maintains a separate account for each participant's participant-directed budget</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><b>Tracks and reports participant funds, disbursements and the balance—of participant funds</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><b>Processes and pays invoices for goods and services approved in the service plan</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><b>Provide participant with periodic reports of expenditures and the status of the participant-directed budget</b></td></tr> <tr> <td><input type="checkbox"/></td><td> <b>Other services and supports</b>  <i>Specify:</i> </td></tr> </table>	<input checked="" type="checkbox"/>	<b>Assists participant in verifying support worker citizenship status</b>	<input checked="" type="checkbox"/>	<b>Collects and processes timesheets of support workers</b>	<input checked="" type="checkbox"/>	<b>Processes payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance</b>	<input checked="" type="checkbox"/>	<b>Other</b> <i>Specify:</i> Employer and Budget Authorities tasks including but not limited to: <ol style="list-style-type: none"> <li>1. Assisting with verifying provider qualifications including certifications, trainings and licensing requirements;</li> <li>2. Managing and directing the disbursement of funds contained in the participant-directed budget;</li> <li>3. Conducting background checks;</li> <li>4. Acting as a neutral bank, receiving and disbursing public funds, tracking and reporting on the participant's budget funds (received, disbursed and any balances);</li> <li>5. Processing and paying invoices for goods and services approved in the service plan; and</li> <li>6. Preparing and distributing reports (e.g., budget status and expenditure reports) to participants, the DDA, and other entities as requested.</li> </ol>	<input checked="" type="checkbox"/>	<b>Maintains a separate account for each participant's participant-directed budget</b>	<input checked="" type="checkbox"/>	<b>Tracks and reports participant funds, disbursements and the balance—of participant funds</b>	<input checked="" type="checkbox"/>	<b>Processes and pays invoices for goods and services approved in the service plan</b>	<input checked="" type="checkbox"/>	<b>Provide participant with periodic reports of expenditures and the status of the participant-directed budget</b>	<input type="checkbox"/>	<b>Other services and supports</b> <i>Specify:</i>
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<input type="checkbox"/>	<b>Other services and supports</b> <i>Specify:</i>																		

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	Additional functions/activities:	
	<input type="checkbox"/>	Executes and holds Medicaid provider agreements as authorized under a written agreement with the Medicaid agency
	<input checked="" type="checkbox"/>	Receives and disburses funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency
	<input type="checkbox"/>	Provides other entities specified by the State with periodic reports of expenditures and the status of the participant-directed budget
	<input type="checkbox"/>	Other Specify:
iv.	<p><b>Oversight of FMS Entities.</b> Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and, (c) how frequently performance is assessed.</p> <p>Agency with Choice FMSs are required to obtain annual independent financial audits.</p> <p>The DDA will conduct a representative sample review of individuals' budgets, billing, and payments on an annual basis.</p> <p>If there are concerns about billing, the provider may be referred to DDA and Medicaid auditing staff or to the Department's Office of the Inspector General. A referral may also be made to the Medicaid Fraud Control Unit which may conduct audits when there is a strong likelihood of fraud.</p>	

- j. **Information and Assistance in Support of Participant Direction.** In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested (*check each that applies*):

<input checked="" type="checkbox"/>	<p><b>Case Management Activity.</b> Information and assistance in support of participant direction are furnished as an element of Medicaid case management services.</p> <p><i>Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the waiver:</i></p> <p>Coordinators of Community Services (CCS) support individuals and families with all of their complexity, strengths and unique abilities to achieve self –determination, interdependence, productivity, integration and inclusion in all facets of community life across the lifespan. They support individuals and families as they focus on life experiences that point the trajectory toward a good quality of life across the lifespan. They assist individuals and their families in learning about participant-directed options, planning for their future, and accessing needed services and supports. The CCS promotes services that are planned and delivered in a manner that encourages self-sufficiency, health and safety, real community participation, and the individual's desired quality of life.</p>
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<input type="checkbox"/>	<b>Waiver Service Coverage.</b> Information and assistance in support of participant direction are provided through the waiver service coverage (s) specified in Appendix C-1/C-3 (check each that applies):	
	<b>Participant-Directed Waiver Service</b>	<b>Information and Assistance Provided through this Waiver Service Coverage</b>
	(list of services from Appendix C-1/C-3)	<input type="checkbox"/>
<input type="checkbox"/>	<b>Administrative Activity.</b> Information and assistance in support of participant direction are furnished as an administrative activity. <i>Specify (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each participant direction opportunity under the waiver; (d) the methods and frequency of assessing the performance of the entities that furnish these supports; and (e) the entity or entities responsible for assessing performance:</i>	

**k. Independent Advocacy** (*select one*).

X	<b>No. Arrangements have not been made for independent advocacy.</b>
O	<b>Yes.</b> Independent advocacy is available to participants who direct their services. <i>Describe the nature of this independent advocacy and how participants may access this advocacy:</i>

**l. Voluntary Termination of Participant Direction.** Describe how the State accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from participant direction:

<p>The individual and family may choose to leave Self-Direction at anytime to receive services from a traditional direct service provider agency. The individual and family are supported by their Coordinator of Community Services with transitioning to a traditional direct service provider agency that will meet their needs, health and welfare.</p>
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**m. Involuntary Termination of Participant Direction.** Specify the circumstances when the State will involuntarily terminate the use of participant direction and require the participant to receive provider-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

<p>Individuals and families receiving self-directed services are subject to applicable federal and State laws, regulations, policies and procedures. The DDA has the authority to restrict the availability of self-directed services to individuals and families and/or disenroll from self-directed services. Individuals and families may be involuntary terminated from the Self-Direction option if any of the following criteria is met:</p> <ol style="list-style-type: none"> <li>1) The individual no longer meets eligibility criteria for the waiver;</li> <li>2) The individual's and family's PCP has not been implemented or approved and the individual</li> </ol>
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- does not receive self-directed services for 90 days (3 months) or more with the exception of extenuating circumstances;
- 3) The health, safety, and welfare of the individual are compromised by continued participation in the Self-Direction option;
  - 4) The rights of the individual are being compromised;
  - 5) If the individual, family or his/her authorized representative fails to follow the policies and procedures of the Self-Direction option;
  - 6) There is mismanagement of funds including expending or attempting to expend funds inconsistent with the approved plan and budget; or
  - 7) If the individual, family or his/her authorized representative fails to meet applicable federal and State laws, regulations, policies and procedures.

Upon a determination that self-direction of services should be terminated, the DDA shall inform the individual, their family, Coordinator of Community Service, and Agency with Choice FMS in writing of the date and basis of the ineligibility determination, as well as any steps that can be taken and/or resources available to allow the participant to retain the authority to self-direct their services via use of their Medicaid Fair Hearing appeal rights (COMAR 10.01.04) and any informal process available.

Upon disenrollment the CCS shall assist an eligible individual and family to transition from self-directed services to other services and supports. A transition plan which outlines the steps necessary to conclude self-directed services and begin alternative services will be developed by the individual, his/her family, and his/her Coordinator of Community Service.

- n. **Goals for Participant Direction.** In the following table, provide the State's goals for each year that the waiver is in effect for the unduplicated number of waiver participants who are expected to elect each applicable participant direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their waiver services.

Table E-1-n		
	Employer Authority Only	Budget Authority Only or Budget Authority in Combination with Employer Authority
Waiver Year	Number of Participants	Number of Participants
Year 1		100
Year 2		200
Year 3		300

### Appendix E-2: Opportunities for Participant-Direction

- a. **Participant – Employer Authority** Complete when the waiver offers the employer authority opportunity as indicated in Item E-1-b:
- i. **Participant Employer Status.** Specify the participant's employer status under the waiver. *Select one or both:*

<input checked="" type="checkbox"/>	<b>Participant/Co-Employer.</b> The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the
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	participant in conducting employer-related functions. Specify the types of agencies (a.k.a., “agencies with choice”) that serve as co-employers of participant-selected staff: DDA certified Organized Health Care Delivery System provider
<input type="checkbox"/>	<b>Participant/Common Law Employer.</b> The participant (or the participant’s representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant’s agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.

- ii. **Participant Decision Making Authority.** The participant (or the participant’s representative) has decision making authority over workers who provide waiver services. *Select one or more decision making authorities that participants exercise:*

<input checked="" type="checkbox"/>	<b>Recruit staff</b>
<input checked="" type="checkbox"/>	<b>Refer staff to agency for hiring (co-employer)</b>
<input type="checkbox"/>	<b>Select staff from worker registry</b>
<input type="checkbox"/>	<b>Hire staff (common law employer)</b>
<input type="checkbox"/>	<b>Verify staff qualifications</b>
<input type="checkbox"/>	<b>Obtain criminal history and/or background investigation of staff</b> Specify how the costs of such investigations are compensated:
<input checked="" type="checkbox"/>	<b>Specify additional staff qualifications based on participant needs and preferences so long as such qualifications are consistent with the qualifications specified in Appendix C-1/C-3.</b>
<input checked="" type="checkbox"/>	<b>Determine staff duties consistent with the service specifications in Appendix C-1/C-3.</b>
<input checked="" type="checkbox"/>	<b>Determine staff wages and benefits subject to applicable State limits</b>
<input checked="" type="checkbox"/>	<b>Schedule staff</b>
<input checked="" type="checkbox"/>	<b>Orient and instruct-staff in duties</b>
<input checked="" type="checkbox"/>	<b>Supervise staff</b>
<input checked="" type="checkbox"/>	<b>Evaluate staff performance</b>
<input checked="" type="checkbox"/>	<b>Verify time worked by staff and approve time sheets</b>
<input type="checkbox"/>	<b>Discharge staff (common law employer)</b>
<input checked="" type="checkbox"/>	<b>Discharge staff from providing services (co-employer)</b>
<input type="checkbox"/>	<b>Other</b> Specify:

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**b. Participant – Budget Authority** Complete when the waiver offers the budget authority opportunity as indicated in Item E-1-b:

- i. Participant Decision Making Authority.** When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget. *Select one or more:*

<input checked="" type="checkbox"/>	<b>Reallocate funds among services included in the budget</b>
<input checked="" type="checkbox"/>	<b>Determine the amount paid for services within the State's established limits</b>
<input type="checkbox"/>	<b>Substitute service providers</b>
<input checked="" type="checkbox"/>	<b>Schedule the provision of services</b>
<input checked="" type="checkbox"/>	<b>Specify additional service provider qualifications consistent with the qualifications specified in Appendix C-1/C-3</b>
<input checked="" type="checkbox"/>	<b>Specify how services are provided, consistent with the service specifications contained in Appendix C-1/C-3</b>
<input type="checkbox"/>	<b>Identify service providers and refer for provider enrollment</b>
<input checked="" type="checkbox"/>	<b>Authorize payment for waiver goods and services</b>
<input type="checkbox"/>	<b>Review and approve provider invoices for services rendered</b>
<input type="checkbox"/>	Other Specify:

- ii. Participant-Directed Budget.** Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

The person-centered plan is used to establish the participant-directed budget up to \$12,000. Participants and family members are the central members of the team responsible for planning and developing a person-centered plan. They are provided the option to direct and manage the planning process. Participants can utilize a variety of person-centered planning methodologies such as the Integrated Support Star, Life Trajectory, Exploring Life Possibilities, Integrated Long- Term Services and Supports – Needs Template and Before and After Integrated Supports, Essential Lifestyle Planning, Personal Futures Planning, MAPS, PATH, or an equivalent person-centered planning strategy. To support the service plan development process, the Health Risk Screening Tool (HRST) and Support Intensity Scale (SIS) is conducted in addition to obtaining a variety of information and assessments about the participant's needs, preferences, life course goals, and health from other sources.

- iii. Informing Participant of Budget Amount.** Describe how the State informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

Coordinators of Community Services will share information about the waiver program to include the various services and supports and budget cap. Individuals and families may request an adjustment to their budget amount at any time. The DDA will make short term exceptions to the overall budget caps based on exceptional needs (e.g., family caregiver support needs, post hospitalization, short-term care needs).

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iv. **Participant Exercise of Budget Flexibility.** *Select one:*

<input checked="" type="radio"/>	<b>Modifications to the participant directed budget must be preceded by a change in the service plan.</b>
<input type="radio"/>	<b>The participant has the authority to modify the services included in the participant directed budget without prior approval.</b> Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:

v. **Expenditure Safeguards.** Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards:

The individual and his/her family, with the support of their Coordinator of Community Service and OHCDs, will monitor funds spent on services and the projected spending for the fiscal year.

The use of a multi-layered review process ensures that potential budget problems are identified on a timely basis. When over or under utilization is “flagged”, the Coordinator of Community Services or his/her Agency with Choice FMS contacts the individual and family to assess the reasons for over and under-utilization and whether technical assistance, further training, or changes in the plan and budget, such as a reprioritization of services, are required.

State:	
Effective Date	